

Self-report of Discomfort – Review and Monitoring

(This form can be used to review or monitor occurrences of discomfort)

Employee name:

Job title:

Have you any discomfort? Yes No If yes, complete the following.

When did you first notice discomfort?

Length of time at present/previous job:

Identify where the discomfort is occurring. Tick the appropriate box and shade in the areas most affected on the body diagram.

Head:

Front

Back

Neck:

Left

Right

Shoulders:

Left

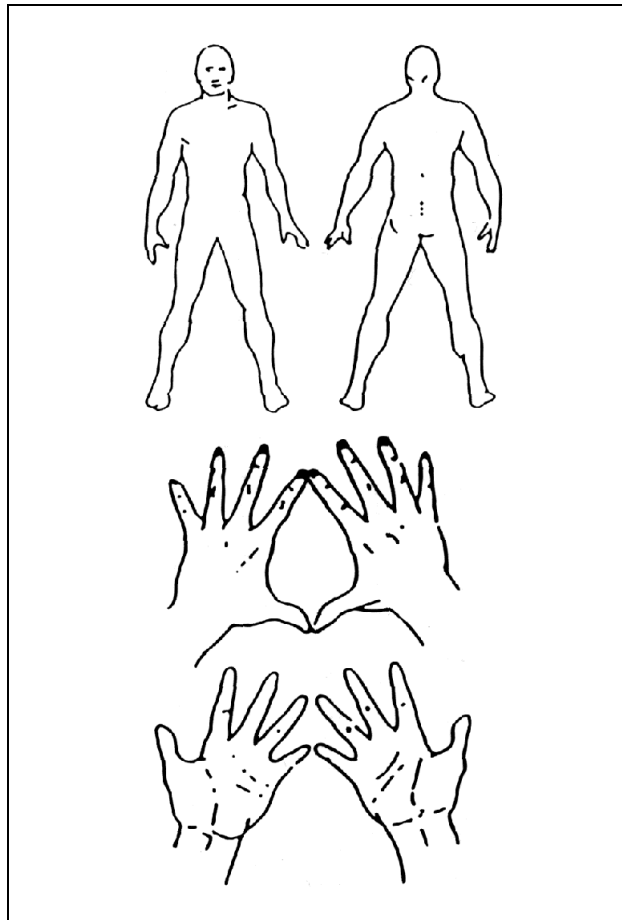
Right

Back:

Upper

Mid

Lower



Elbows:

Left

Right

Forearms:

Left

Right

Wrists

Left

Right

Hands:

Left

Right

Describe how it feels now (eg, aching, painful, tight):

.....
.....
.....

Signed:

Today's date:

Self-report of Discomfort: Action Plan

(This form can be completed either by the manager or workplace assessor)

Has a workplace assessment been completed? Yes No

Employee name: Today's date:

Are reduced duties required? Yes No

Reduced duties eg, reduced tasks, slower work speed, more breaks:

.....

.....

Selected duties eg, special projects, different mix of tasks:

.....

.....

Changes to remain until:

Signatures of persons present:

Manager

Staff Member

Others

Hazards	Actions Required	By whom	By when	Completed (tick)

